

HAMILTON (W.D.)

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Pregnancy.

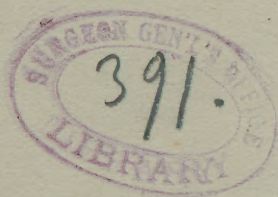
Abdominal Section.

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TWO RECENT CASES OF TUBAL PREGNANCY.

ABDOMINAL SECTION.*

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WITH reference to extra-uterine gestation certain facts seem to be established: that it is a commoner occurrence than was formerly supposed; that the indications of its existence are often striking; that in the early history of the affection prompt operative interference is imperative; that the general practitioner should be familiar with its symptoms to be able to call to his aid the services of a surgeon; that either expectant or experimental methods of dealing with it are to be condemned; that the use of electricity and injections of lethal substances into the sac are fraught with uncertainty at every stage and are not devoid of danger; that exploratory section after proper division of professional responsibility, and after guarded explanations, is not perilous if properly done; and that, in view of the numerous incorrect guesses that have been made by men of acknowledged ability and professional experience, an average physician need not feel humiliated if, after the above precautions have

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been observed, some other condition be found than that which he had suspected.

Reliable data indicate that until recently one half of the women suffering from this condition died from rupture before the sixteenth week; and that of those who passed this period, the majority eventually succumbed to the disease. The cases that are to be cited would seem to confirm some of these notions.

Given a woman whose age indicates that some form of impregnation is possible. She is seen by the attendant to be suffering from severe abdominal pain and collapse for reasons not apparent until thorough examination has been made. Four hypotheses should be entertained, thoroughly tested, and excluded before the conclusion is reached that either abdominal neuralgia is present or that no satisfactory explanation of the terrible suffering can be given:

1. Biliary colic.
2. Renal colic.
3. Gastric ulcer with perforation.
4. Tubal pregnancy with rupture.

So far as the intensity of the suffering is concerned, any one of these suppositions is admissible.

Severe pain, accompanied with tenderness in the pit of the stomach or in the region of the gall-bladder, may indicate that it is of biliary origin and is due either to the passage of a gall-stone or of inspissated bile; further inquiry on this line may clinch the diagnosis.

As for renal colic, those who have seen it will testify to the intense suffering which it may cause, while the fact of its beginning in one loin, frequently following the direction of the corresponding ureter, being marked by soreness upon pressure over the kidney of the affected side, may well raise a question as to the presence of a stone in the kidney or ureter. If, in addition to this, sabulous matter or blood,

one or both, have been seen in the urine, there is strong presumptive evidence of the correctness of the assumption.

Of perforating ulcer it may be said that it would be less liable to occur than either of the preceding conditions in one whose general health had been apparently good prior to the attack. Inquiry would elicit some suspiciously painful gastric symptoms as having previously existed.

Though perforating ulcer of the stomach might not be so readily recognized or excluded as biliary or renal colic, it would take much less time to apply these tests than is occupied in their description.

To assume that the four named suppositions are the only ones to be entertained as accounting for sudden severe pain in the abdomen attended with collapse is clearly unwarrantable, while their claim to early consideration is equally cogent.

CASE I.—Mrs. M. A. S., of Columbus, aged thirty-four, had been married twelve years, her menstrual life prior to that time having been regular and uneventful. Had all her children survived, their ages would be eleven, nine, and eight years, respectively. She miscarried at the fourth month six years and a half since. Her health had never been good since the birth of her second child, she having had pain in the left groin before, during, and after her courses. They were regular, however, rather profuse, and metrorrhagia had never occurred. Leucorrhœa had persisted during the child-bearing period.

Between August 11 and 15, 1889, she menstruated scantily for three or four days. It was slow in coming on and pale in color. There was the usual amount of discomfort. In September the catamenial flow was absent. She had had an obstinate constipated habit, owing, as she supposed, to her sedentary life. During the latter half of August and throughout September, for unaccountable reasons, she was subject to profound melancholy. She was unable to sleep and had an indescribable feeling of languor. Her appetite, usually good, was capricious or very poor.

Friends remarked her wretched appearance and her pallid lips.

By the 1st of October frequent and ineffectual experiences at stool had become extremely annoying. It seemed to her that there was a mechanical obstacle to defecation. To get relief, cathartics were taken, and they only intensified the irritation in the lower bowel.

At nine o'clock on the evening of October 1st, while straining in an outhouse, there was sudden severe pain in the back and lower part of the abdomen. Everything became black before her eyes. The pain, rather diffused, was continual and irregularly exacerbated.

She was first seen by the writer at ten o'clock on the same evening. A physician from the neighborhood, Dr. W. W. Homes, had given an opiate. Her appearance was that of a woman in collapse. Her features were pinched and anxious. The extremities were cold and the pulse thready, ranging from sixty to eighty beats a minute. The respirations were shallow and increased in frequency. The abdomen was tender, especially in the inguinal and hypogastric regions. Examination *per vaginam* showed that the cervix was slightly enlarged and the os patulous. The entire organ was lifted forward and crowded slightly to the left. The *cul-de-sac* was very tender, offering more than the normal resistance to the finger. It was impossible to outline clearly a lump in either groin or in Douglas's pouch. Tubal pregnancy was at once thought of, and, in view of the fact that an exploration might be deemed necessary, Dr. D. N. Kinsman was called in consultation. At his suggestion, the use of anodynes was continued, and at 2 A. M. relief was marked, although some pain persisted at intervals until the afternoon of the next day, October 2d, when there escaped from the vagina a mass which, upon examination, was found to be a membranous cast of the interior of the uterus. No fœtus was discovered. In order that the cavity of the womb might be explored, ether was administered and a finger carried in, when it was discovered that the organ was empty. Her experience during the month that followed was one in which there was occasional abdominal pain of moderate intensity with some ten-

derness in the lower part of the belly. The vesical and rectal disturbance continued.

On the evening of October 28th another paroxysm of pain occurred similar to the first. Examination by conjoined manipulation showed a lump in the right groin in close relation with the uterus. It was twice as large as an average fist. A distinct prominence was visible above the symphysis and to the right of the median line. Abdominal tenderness was extreme, as it had been in the former attack. On October 30th abdominal section was done in the presence of Dr. Kinsman and with the assistance of Dr. J. W. Hamilton and Dr. C. S. Hamilton. An incision was made, two inches and three fourths long, in the median line below the umbilicus. A large amount of black blood appeared upon opening the cavity. The fundus was found to be deflected toward the left. An ovoid tumor filled the right groin and *cul-de-sac*. The broad ligament was ligated on both sides of it, and the mass, which collapsed in handling, was removed. Severe arterial hæmorrhage occurred, but finally ceased. An enormous amount of fluid and clotted blood was generally distributed throughout the lower part of the peritoneal cavity, especially in Douglas's pouch. After thorough irrigation and the removal of an amount of clots that would seem to be incredible, a drain was inserted and a few stitches were employed to close the wound.

There was no febrile movement. The drain was removed on the fourth day and her convalescence was uniformly pleasant. Four weeks after the operation she was allowed to get up, since which time she has been perfectly well.

CASE II.—At eleven o'clock Sunday morning, December 8th, the writer was called by Dr. Benjamin Lippitt, of Columbus, to see a patient who gave the following history:

Mrs. A. B., aged twenty-nine, married ten years, has borne three children, the last one two years ago. Four years since, she miscarried at the sixth week. Menstruation has always been irregular. It was commonly excessive, painless, and frequently lasted eight days. For two years prior to the establishment of the function (at the age of fifteen) she had persistent leucorrhœa. She was unwell for five days beginning Octo-

ber 1 and November 2, 1889, and both times it was normal. November 14th was remembered on account of severe pain in the lower part of the belly. On the morning of the next day, November 15th, blood spots were detected on her linen. During the next three weeks several gushes of blood or water issued from the vagina. On November 24th there were severe sharp pains across the abdomen, through the loins, and up under the short ribs, each about a second in duration. In the words of the patient, "I suffered untold agony on that day." Neither vesical nor rectal tenesmus was observed. A sanious watery discharge lasted from that date until the consultation of Sunday, December 8th. On the day preceding there was intense abdominal pain, accompanied with marked prostration, a source of great anxiety to the attending physician. At 11.30 A. M. Sunday the pulse registered 132, being thready in quality. Something was evidently radically wrong. Her complexion was sallow, her features pinched, the breathing rapid, and the extremities were cold. In other words, these facts, with extreme abdominal and vaginal tenderness, indicated bleeding and collapse. The temperature had been normal throughout. Vaginal examination showed a very sensitive condition of the posterior wall and *cul-de-sac*, the latter being forced downward by the soft fluctuant accumulation with which it was filled. The cervix, too near the vulvar orifice, presented a slightly patulous os. The fundus could not be located. The diagnosis of ruptured tubal-gestation sac was made, and she was sent into Mount Carmel Hospital on the same day. At 3 P. M., with the aid of Dr. C. S. Hamilton, an exploratory incision, in the presence of Dr. B. Lippitt, Dr. N. R. Coleman, and Dr. F. W. Blake, revealed a condition of things similar to that described in Case I. The amount of arterial hæmorrhage was comparatively slight. The tumor was ovoid, not larger than a lemon, and the site of rupture was easily discernible even before its removal. The abdominal cavity was flushed with warm water and as little time was spent in this way as was compatible with thoroughness. During the operation her pulse was 142 and her appearance most unpromising. A drain and stitches were inserted, hypodermics of brandy were administered, and the usual means

were employed to minimize the shock. During the night sixteen ounces of a warm saline solution were given by transfusion and with marked effect. Four days after operation the pulse was 80, the temperature 98.6° . Her bowels had acted freely without interference. No anodynes were necessary. She had at no time afterward any abdominal symptoms. The drain was removed on the fourth day. Her convalescence was retarded by ague, which appropriate medication finally relieved, and she was discharged from the hospital, cured, January 5, 1890.

In the washings in the first case a foetus an inch and a fourth long, and considerable placental tissue, were found. In the second instance only the latter was observed. In both specimens the site of rupture was clearly defined.

These cases tend to strengthen the testimony in favor of prompt surgical interference at this stage of the disease. The first patient could have been relieved a month earlier. In the second instance internal hæmorrhage was occurring, and the chances are that without incision she would have died within twenty-four hours.

Frequent observation of the pulse by Dr. Coleman tended to confirm the idea that operation did not intensify the shock.

These are the third and fourth cases in the writer's experience, two having been reported in the New York Medical Journal of July 28, 1888. In the three cases where operation was allowed, the patients are fortunately all living and well to-day. In the fourth, where elimination had been attempted piecemeal by natural processes through the rectum, a foetus of five months caused the death of the mother from hæmorrhage and exhaustion. An operation was advised but not permitted.



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